

# CLUB AND OFFICER INFORMATION

TYPE OR PRINT ALL INFORMATION

Club Name \_\_\_\_\_

Club Number \_\_\_\_\_ District Number \_\_\_\_\_

Contact phone number (\_\_\_\_\_) \_\_\_\_\_

Meets ☐ Weekly ☐ 1st & 3rd ☐ 2nd & 4th

Other \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_ AM / PM (CIRCLE ONE)

Club Web Site \_\_\_\_\_

Club E-Mail \_\_\_\_\_

Meeting Place:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE / PROVINCE \_\_\_\_\_ ZIP / POSTAL CODE \_\_\_\_\_

Please check the box which best describes your Club.

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Community Club           | <input type="checkbox"/> 6. College Club                          |
| <input type="checkbox"/> 2. Company Club             | <input type="checkbox"/> 7. Church Club                           |
| <input type="checkbox"/> 3. Government agency        | <input type="checkbox"/> 8. Advanced Toastmasters                 |
| <input type="checkbox"/> 4. Military Club            | <input type="checkbox"/> 9. Other Institution or Specialized Club |
| <input type="checkbox"/> 5. Correctional Institution |   |

List sponsoring company/government agency/school, etc. \_\_\_\_\_

Is your Club:

- ☐ Open to all interested persons [O]  
☐ Open only to members of a specific organization or group [G]

**Minimum Officer Requirements: Clubs must report at least a President, one Vice President, and a Secretary or Secretary/Treasurer, and these offices must be held by three different individuals.**

<p>Term of Office (check only one box and fill in year)</p> <p><input type="checkbox"/> Annual (July 1, _____ to June 30, _____)</p> <p><input type="checkbox"/> Semiannual (July 1 to December 31, _____)</p> <p><input type="checkbox"/> Semiannual (January 1 to June 30, _____)</p> <p>Note: Toastmasters International's Club Constitution and Bylaws state Club officer terms must conform to the above schedule. Only those Clubs that meet weekly may elect officers for semiannual terms.</p> <p>GIVE COMPLETE NAMES – NOT INITIALS.          IF CLUB HAS A P.O. BOX – USE IT FOR ALL CLUB OFFICERS.          INCLUDE (AREA CODE) ON ALL PHONE NUMBERS.</p>	<p>SECRETARY</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p>HOME PHONE _____ BUSINESS PHONE _____</p> <p>(_____) _____</p> <p>FAX NUMBER _____</p> <p>E-MAIL _____</p>
<p>PRESIDENT</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p>HOME PHONE _____ BUSINESS PHONE _____</p> <p>(_____) _____</p> <p>FAX NUMBER _____</p> <p>E-MAIL _____</p>	<p>TREASURER</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p>HOME PHONE _____ BUSINESS PHONE _____</p> <p>(_____) _____</p> <p>FAX NUMBER _____</p> <p>E-MAIL _____</p>
<p>VICE PRESIDENT EDUCATION</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p>HOME PHONE _____ BUSINESS PHONE _____</p> <p>(_____) _____</p> <p>FAX NUMBER _____</p> <p>E-MAIL _____</p>	<p>VICE PRESIDENT PUBLIC RELATIONS</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p>HOME PHONE _____ BUSINESS PHONE _____</p> <p>(_____) _____</p> <p>FAX NUMBER _____</p> <p>E-MAIL _____</p>
<p>VICE PRESIDENT MEMBERSHIP</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p>HOME PHONE _____ BUSINESS PHONE _____</p> <p>(_____) _____</p> <p>FAX NUMBER _____</p> <p>E-MAIL _____</p>	<p>SERGEANT AT ARMS</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p>HOME PHONE _____ BUSINESS PHONE _____</p> <p>(_____) _____</p> <p>FAX NUMBER _____</p> <p>E-MAIL _____</p>

Send WHQ copy to: TOASTMASTERS INTERNATIONAL  
P.O. Box 9052 • Mission Viejo, CA 92690 U.S.A.  
FAX: (949) 858-1207

SIGNATURE \_\_\_\_\_